

QUARTERLY STATEMENT

AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

Michigan Complete Health, Inc.

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile Licensed as business type: Life, Accident & Health [NAIC Group Code	01295 current Period)	, 01295 (Prior Period)	NAIC Company	Code10	0769	Employer's ID N	lumber	30-0312489
Country of Domicile Licensed as business type: Life, Accident & Health [] Property/Casully [] Hospital, Medical & Dental Service or Indemnity [] Domital Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Incorporated/Organized Licensed as business type: Life, Accident & Health [] Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] No [] 12/09/2004 Lornmenced Business Statutory Home Office 800 Tower Rd, Sulte 200 Statutory Home Office 800 Tower Rd, Sulte 200 T700 Forsyth Boulevard Sierted and Number) (Rore and Number) (Rore of Annumber) (Rore of Annumbe	•	,	` ,		, State of Do	micile	or Port of Entry	Mic	higan
Licensed as business type: Life, Accident & Health { Perportry/Casuallyf, Health Maintenance Organization [X] Pertail Service Corporation { Health Maintenance Organization [X] Shot Profession Statutory Home Office 800 Tower Rd., Suite 200 Triol Statutory Home Office 800 Tower Rd., Suite 200 Triol Statutory Home Office 7700 Forsyth Boulevard Saint Louis, MO, US 63106 314-725-4477 Great Society (Read Society) (Country of Domicile						,		
Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005 Statutory Home Office 800 Tower Rd., Suite 200 Troy, Mill, US 48098	· –	Dental Ser			sualty []	[]	Health Maintenance C	Organization [[X]
Statutory Home Office 800 Tower Rd, Sulte 200 Troy, MI, US 48098	Incorporated/Organized	Other	12/09/2004	Commer	nced Business		•	-] NO[]
Main Administrative Office 7700 Forsyth Boulevard (Street and Number) (Street and Numb					lood Baomiooo				
State dan Number City or Town, State, County and Zip Coole Rese Code (Teleptone Number) Rese Code Teleptone Number) Rese Code Teleptone Number Research Rese									Code)
Mail Address 7700 Forsyth Boulevard (Steet and Number or P.O. Box) (City or Town, Steet, Country and Top Gode) Primary Location of Books and Records 7700 Forsyth Boulevard Saint Louis, MO, US 63105 314-725-4477 (Steet and Number) (City or Town, Steet, Country) and Top Gode) Internet Web Site Address Statutory Statement Contact Tarya Marie Ferguson (Name) (City or Town, Steet, Country) and Top Gode) (Area Code) (Telephone Number) Internet Web Site Address) (Name) (Area Code) (Telephone Number) Name	Main Administrative Office	7		<u>d</u>	Saint L	_ouis,	MO, US 63105	31	
Client and Number of P.O. Bloxy T700 Forsyth Boulevard Saint Louis, MO, US 63015 314-725-4477 T700 Forsyth Boulevard Saint Louis, MO, US 63015 314-725-4477 T700 Forsyth Boulevard (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Internet Web Site Address http://www.michigan.completehealth.com Area Code) (Telephone Number) (Name)	Mail Address	7700			(City or Town	n, State,			(Telephone Number)
Internet Web Site Address		(Stree	and Number or P.O. Box)		. ,				
Internet Web Site Address Statutory Statement Contact Tanya Marie Ferguson Tanya Mari	Primary Location of Books	and Records					uis, MO, US 63105	31	4-725-4477
Statutory Statement Contact Tanya Marie Ferguson (Name) (Name) (Area Code) (Felephore Number) (Extension) 314-425-4658 (FAX Number) OFFICERS Name Any Williams President Any Williams President Name OTHER OFFICERS Tricia Lynn Dinkelman Title DIRECTORS OR TRUSTEES Amy Williams DIRECTORS OR TRUSTEES Amy Williams Secretary DIRECTORS OR TRUSTEES Amy Williams State of	latamat Malaba Oita A dalaa a		(Street an					(Area Code	e) (Telephone Number)
County of St. Louis Second of this reporting entity being duty sworn, sech depose and say that they are the described officers of said reporting entity, and that on the reporting period states above, and of its income and deductions therefrom for the period end, and and advantage and of the conditions and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period end, and that (1) state law may well as a facility. Furthermore, the scope of this astestation by the described officers and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestated in accordance with the NAIC Annual Statement in Insurations and Accounting Practices and Procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestated to accounting practices and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestated belief, respectively. Furthermore, the scope of this astestated officers also includents and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestation by the described officers also includents and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestation by the described officers also includents and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestation by the described officers also includents and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this astestation by the described officers also includents and procedures, according to the best of their information to the procedure of the procedure of the procedure of the procedure of the procedure off		-			ww.michigancoi	mplete			
State of	Statutory Statement Conta	ict	•	guson					sion)
Name Title Name Keith Harvey Williams President Keith Harvey Williamson Secretary Deffrey Alan Schwaneke Treasurer Secretary	tafe	erguson@cent	(/					Number) (Exteris	ion)
Name Title Army Williams President Keith Harvey Williamson Secretary Deffrey Alan Schwaneke Treasurer		(E-Mail Addres	ss)				(FAX Number)		
Amy Williams President Reith Harvey Williamson Secretary OTHER OFFICERS Tricia Lynn Dinkelman Vice President of Tax DIRECTORS OR TRUSTEES Amy Williams Jeffrey Alan Schwaneke Daryl Pack State of St				OFFIC	ERS				
DIRECTORS OR TRUSTEES Amy Williams DIRECTORS OR TRUSTEES Amy Williams Jeffrey Alan Schwaneke Daryl Pack State of Missouri SS County of St. Louis SS County of St. Louis SS County of Interpreting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period states above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Amy Williams President Reith Harvey Williamson Secretary Jeffrey Alan Schwaneke Treasurer a. Is this an original filing? Yes [x] No [] Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed	Name		Title		1	Name		Т	itle
OTHER OFFICERS Tricia Lynn Dinkelman DIRECTORS OR TRUSTEES Amy Williams DIRECTORS OR TRUSTEES Amy Williams State of			President		Keith Har	vey W	'illiamson,	Sec	retary
DIRECTORS OR TRUSTEES Amy Williams Directors or trustees Amy Williams State of	Jeffrey Alan Schwar	neke,	Treasurer						
DIRECTORS OR TRUSTEES Amy Williams Directors or trustees Amy Williams State of				OTHER OF	FICERS				
State of Missouri	Tricia Lynn Dinkeln	nan ,							
State ofMissouri	Amy Williams						ck		
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law manual differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Amy Williams Amy Williams Reith Harvey Williamson Secretary a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed			SS						
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President Secretary Treasurer a. Is this an original filing? Subscribed and sworn to before me this b. If no: day of,	above, all of the herein descril this statement, together with a and of the condition and affai been completed in accordance differ; or, (2) that state rules knowledge and belief, respectively.	bed assets were related exhibits, and the said report with the NAIC or regulations retively. Furthermont copy (except	the absolute property of schedules and explanation orting entity as of the reaction of the reaction of the require differences in represent the scope of this atteraction for formatting difference	the said reporting on the the said reporting period statuctions and According not related estation by the des	entity, free and cle ned, annexed or ned above, and of unting Practices at to accounting practices also coribed officers also	ear fron referred its inco and Pro ractices so inclu	n any liens or claims there to, is a full and true state or and deductions there cedures manual except to and procedures, accorrected to the related correspondes the related correspondes.	eon, except as letement of all the from for the person the extent the ding to the bestending electronic	herein stated, and that e assets and liabilities eriod ended, and have lat: (1) state law may st of their information, ic filing with the NAIC,
President Secretary Treasurer a. Is this an original filing? Subscribed and sworn to before me this b. If no: day of, 1. State the amendment number 2. Date filed									
Subscribed and sworn to before me this day of, 1. State the amendment number 2. Date filled	,			•			Jeffr		
Subscribed and sworn to before me this day of full fine: D. If no: 1. State the amendment number 2. Date filed	FIESIC	aciil		36016	itai y				
3. Number of pages attached						b.	If no: 1. State the amendme	-	Yes [X] No []
								ttached	-

ASSETS

			Current Statement Date)	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
i	Bonds	1,099,044	<u> </u>	1,099,044	1,098,503
2.	Stocks:				٥
	2.1 Preferred stocks	i	i		0
,	2.2 Common stocks			U	0
ე ა.	Mortgage loans on real estate:			0	0
	3.1 First liens	l		0	Λ
4	Real estate:				
7.	4.1 Properties occupied by the company (less				
	\$encumbrances)			0	0
	4.2 Properties held for the production of income			-	-
	(less \$encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
	Cash (\$9,251,785),				
l	cash equivalents (\$0)				
	and short-term investments (\$	9,251,785		9,251,785	1,916,165
ı	Contract loans (including \$premium notes)			0	0
	Derivatives			0	0
	Other invested assets			0	0
	Receivables for securities				0
	Securities lending reinvested collateral assets			0	0
	Aggregate write-ins for invested assets				0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	10,350,829	0	10,350,829	3,014,668
13.	Title plants less \$				
	only)			0	
14.	Investment income due and accrued	1,405	 	1,405	1,428
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of	4 007 500		4 007 500	440 404
	collection	1,837,580		1,837,580	116,131
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				٥
	but unbilled premiums)			0	0
	contracts subject to redetermination (\$	2 026 206		2 026 206	2 935 665
16	Reinsurance:	,020,200		2,020,200	2,300,000
10.	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies	i	i	i	0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans	ı		l	0
i	Current federal and foreign income tax recoverable and interest thereon	i		i i	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)				0
	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates			85,371	1,835
	Health care (\$1,512,887) and other amounts receivable	l .		1,512,887	4,557,369
l	Aggregate write-ins for other-than-invested assets	40,300	0	40,300	
26.	Total assets excluding Separate Accounts, Segregated Accounts and	45 040 570	07.000	45 054 570	40,007,000
	Protected Cell Accounts (Lines 12 to 25)	15,942,576	87,998	15,854,578	10,627,096
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.	45 040 570	07.000	45.054.570	40.007.000
28.	Total (Lines 26 and 27)	15,942,576	87,998	15,854,578	10,627,096
1404	DETAILS OF WRITE-INS				_
1101.		i			0 ^
	Summary of remaining write-ins for Line 11 from overflow page		0	U	ا الـــــــــــــــــــــــــــــــــــ
l	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0		0	0
	State Income Tax Receivable		0	40,300	0
2501.	OTATO THOURS TAX NOODIVADIG	40,000		40,300	n l
2503.				n	n l
i	Summary of remaining write-ins for Line 25 from overflow page	i	0	0	n
l	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	40,300	0	40,300	0
_000.		70,000	. •	10,000	

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP	, ,	Current Period		Prior Year
		1	2	3	4
	0	Covered	Uncovered	Total	Total 670 F10
1	Claims unpaid (less \$			i	0
1	Accrued medical incentive pool and bonus amounts				0
	Aggregate health policy reserves including the liability of				0
	\$				
	Service Act.	913 822		913 822	1 725 088
5.	Aggregate life policy reserves			· ·	0
6.	Property/casualty unearned premium reserve				0
i	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				138,101
10.1	Current federal and foreign income tax payable and interest thereon (including	·			
	\$ on realized gains (losses))	607 ,219		607,219	246 , 241
	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable	269		269	242
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	0			0
16.	Derivatives		0	0	0
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized reinsurers				
	and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies				0
	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans	2,311,356		2,311,356	1,274,113
23.	Aggregate write-ins for other liabilities (including \$				
	current)				
24.	Total liabilities (Lines 1 to 23)	8,475,228	0	8,475,228	
	Aggregate write-ins for special surplus funds				
	Common capital stock				1
27.	Preferred capital stock				0
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	(1,013,806)	(1,283,824)
i	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
i	\$	XXX	XXX		0
	32.2shares preferred (value included in Line 27				
1	\$				
	Total capital and surplus (Lines 25 to 31 minus Line 32)				6,541,176
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	15,854,578	10,627,095
	DETAILS OF WRITE-INS				
2301.	State Income Tax Payable			0	31,616
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			_	0
İ					
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	31,616
2501.	Health Insurer Fee Estimate	XXX	XXX	568 , 156	0
2502.		XXX	XXX		
2503.		xxx	xxx		
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	568,156	0
					•
3001.		i			
3002.					0
3003.		XXX	XXX		0
3098.	Summary of remaining write-ins for Line 30 from overflow page				0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0
J0098.	rotata (Emes 300 i timough 3003 plus 3036) (Eme 30 above)	^^^	^^^	U	0

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENU		_/\\\\		
		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months			30,026	
l	Net premium income (including \$ non-health premium income)	i	i	i	
l	Change in unearned premium reserves and reserve for rate credits	xxx		0	0
4.	Fee-for-service (net of \$medical expenses)	xxx		0	0
5.	Risk revenue	i	i	i	
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	26,425,858	24,054,976	46,875,769
i -	al and Medical:		44 400 404	04 404 704	05 005 547
i	Hospital/medical benefits	i	i	i	
	Other professional services Outside referrals			I	
12.	Emergency room and out-of-area		1	I	
13.	Prescription drugs	1	1	I	
14.	Aggregate write-ins for other hospital and medical.	1	1	I	
15.	Incentive pool, withhold adjustments and bonus amounts.	i	i	i	
l	Subtotal (Lines 9 to 15)				
Less:					
i	Net reinsurance recoveries			0	0
18.	Total hospital and medical (Lines 16 minus 17)	1	1	1	
19.	Non-health claims (net)			0	0
20.	Claims adjustment expenses, including \$cost containment expenses.		221,384	663,916	489,379
21.	General administrative expenses.	i	2,884,278	3,129,932	6,299,694
22.	Increase in reserves for life and accident and health contracts (including		(0.14, 0.00)	(0.45, 0.47)	(440, 075)
	\$ increase in reserves for life only)				
	Total underwriting deductions (Lines 18 through 22)	1	1	1	
24.	Net investment income earned				
25.	Net realized capital gains (losses) less capital gains tax of \$			0,024	12,091
27.	Net investment gains (losses) (Lines 25 plus 26)		6.018		12,091
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			, , , , , , , , , , , , , , , , , , , ,	
	\$) (amount charged off \$			0	0
29.	Aggregate write-ins for other income or expenses		0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	1,052,728	(884,448)	(1,235,960)
31.	Federal and foreign income taxes incurred	xxx	150,869	(170,218)	(635, 166)
32.	Net income (loss) (Lines 30 minus 31)	XXX	901,859	(714,230)	(600,794)
0004	DETAILS OF WRITE-INS	\			0
0601.		XXX		0	0
0602. 0603.		XXX		0	
l	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	(XXX		.0	0
0702.		xxx		0	0
0703.		xxx		0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	xxx	0	0	0
1401.				0	0
1402.				0	0
1403.		ļ	ļ	0	0
l			0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.	Other income.			0	0
2902.				0	0
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page		0		
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0
∠⊎⊎⊎.	Totals (Littles 2901 tittlough 2903 plus 2998) (Line 29 above)	<u> </u>	<u> </u>	<u> </u>	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	YENSES (Continue	u)
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	(63,686)	123,698	57 , 648
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		2,000,000	2,000,000
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	71,275
48.	Net change in capital and surplus (Lines 34 to 47)	838 , 173	1,409,468	1,528,129
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,379,350	6,422,516	6,541,177
	DETAILS OF WRITE-INS			
4701.	Rounding		0	71.275
4702.	2014 Annual Filing Correction.			0
	Ç			
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	71,275

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	December 31
Cash from Operations			
Premiums collected net of reinsurance	25,613,867	23,685,315	45 , 099 , 04
Net investment income	5,499	5,500	12,76
Miscellaneous income	0	0	
4. Total (Lines 1 to 3)	25,619,366	23,690,815	45,111,81
Benefit and loss related payments	16,469,610	25,955,661	43,470,84
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
7. Commissions, expenses paid and aggregate write-ins for deductions	2,024,247	2,916,164	5 , 787 , 32
Dividends paid to policyholders		0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
gains (losses)	(210, 109)	(780, 289)	(1,399,07
10. Total (Lines 5 through 9)	18,283,748	28,091,536	47,859,09
11. Net cash from operations (Line 4 minus Line 10)	7,335,618	(4,400,721)	(2,747,28
Cash from Investments	.,,,,,,,,,	(, , , , , , , , , , , , , , , , , , ,	(=, : : ; = ;
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	
12.2 Stocks	0	0	
12.3 Mortgage loans	0	0	
12.4 Real estate	0	0	
12.5 Other invested assets	0	Λ	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		Λ	
12.7 Miscellaneous proceeds	0	Λ	
·	· · · · · · · · · · · · · · · · · · ·	0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	الاستنتان المستنتان	0	
1 (0)/	0	0	
13.1 Bonds		0	
13.2 Stocks			
13.3 Mortgage loans	0		
13.4 Real estate	ا	0	
13.5 Other invested assets		0	
13.6 Miscellaneous applications		0	
13.7 Total investments acquired (Lines 13.1 to 13.6)			
14. Net increase (or decrease) in contract loans and premium notes		0	
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	
16.2 Capital and paid in surplus, less treasury stock		2,000,000	2,000,0
16.3 Borrowed funds		0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
16.5 Dividends to stockholders	ļ0 <u> </u>	0	
16.6 Other cash provided (applied)	0	0	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	2,000,000	1,999,9
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7 , 335 , 618	(2,400,721)	(747,2
19. Cash, cash equivalents and short-term investments:			•
19.1 Beginning of year	1,916,164	2,663,450	2,663,4
19.2 End of period (Line 18 plus Line 19.1)	9,251,782	262,729	1,916,1

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STATEMENT AS OF JUNE 30, 2017 OF THE Michigan Complete Health, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	nensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:					·					
1. Prior Year	2,027	0	0	0	0	0	0	1,541	486	(
2. First Quarter	2,094	0	0	0	0	0	0	1,445	649	(
3. Second Quarter	2,275	0	0	0	0	0	0	1,479	796	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	19,128							12,624	6,504	
Total Member Ambulatory Encounters for Period:										
7. Physician	23,912							16 , 102	7 ,810	
8. Non-Physician	48,297							3,218	45,079	
9. Total	72,209	0	0	0	0	0	0	19,320	52,889	(
10. Hospital Patient Days Incurred	1,564							786	778	
11. Number of Inpatient Admissions	309							155	154	
12. Health Premiums Written (a)	26,425,858							17 , 045 , 412	9,380,446	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	23 , 152 , 107							14 , 294 , 119	8 , 857 , 988	
18. Amount Incurred for Provision of Health Care Services	23,084,751							14,075,280	9,009,471	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)	60,800					60 , 800
Claims unpaid (Reported) External Capitation. Express Scripts						376,058
						400.050
0199999 Individually listed claims unpaid		0	0	0	0	436 , 858 166 , 304
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	603,162	0	0	0	0	603,162
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	603,162
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

711712101001 0271111	S UNPAID-PRIOR YEAR-NET OF R					
	Paid Yea		End of Curr		5	6
	1 On	2	3 On	4		Estimated Claim Reserve and Claim
	Claims Incurred Prior to January 1 of	On Claims Incurred	Claims Unpaid Dec. 31	On Claims Incurred	Claims Incurred in Prior Years	Liability Dec. 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)					0	0
Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare		14,695,072	25 , 197	394,805	705,420	638,843
7. Title XIX - Medicaid	19,669	9,268,792	13,730	169,429	33,399	31,675
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)		23,963,864	38,927	564,234	738,819	670,518
10. Health care receivables (a)		1,512,887			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts		1,238			0	0
13. Totals (Lines 9-10+11+12)	699,892	22,452,215	38,927	564,234	738,819	670,518

⁽a) Excludes \$ loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Michigan Complete Health, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The State of Michigan requires that insurance companies domiciled in the state of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Michigan Insurance Commissioner.

NET INCOME	SSAP#	F/SPage	F/SLine#	State of Domicile	2017	2016
(1) Michigan Complete Health, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Michigan	\$ 901,859	\$ (600,794)
(2) State Prescribed Practices that is an increase (decrease) from NAIC SAP: e.g., Depreciation of fixed assets				Michigan	\$ -	\$ -
(3) State Permitted Practices that is an increase (decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property				Michigan	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Michigan	\$ 901,859	\$ (600,794)
SURPLUS						
(5) Michigan Complete Health, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Michigan	\$ 7,379,350	\$ 6,541,176
(6) State Prescribed Practices that is an increase (decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Michigan	\$ -	\$ -
(7) State Permitted Practices that is an increase (decrease) from NAIC SAP: e.g., Home Office Property				Michigan	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Michigan	\$ 7,379,350	\$ 6,541,176

- B. Use of Estimates in the Preparation of the Financial Statements No Change
- C. Accounting Policy
 - 1.-5. No Change
 - 6. The Company holds no loan-backed securities.
 - 7.-13. No Change
- D. Going Concern The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern

2. Accounting Changes and Corrections of Errors

No Change

3. Business Combinations and Goodwill

- A. Statutory Purchase Method No Change
- B. Statutory Merger No Change
- C. Assumption Reinsurance No Change
- D. Impairment Loss No Change

4. Discontinued Operations

No Change

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No Change
- B. Debt Restructuring No Change
- C. Reverse Mortgages No Change
- D. Loan-Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions None

- F. Real Estate No Change
- G. Investment In Low-Income Housing Tax Credits (LIHTC) None
- H. Restricted Assets

1. Restricted Assets (Including Pledged)

1. K	estricted Assets	(Including I	Pleagea)			
	1	2	3	4	5	6
						Percentage
						Admitted
		Total Gross			Percentage	Restricted
	Total Gross	Restricted	Increase/	Total Current	Gross	to Total
	Restricted from	From Prior	(Decrease)	Year Admitted	Restricted to	Admitted
Restricted Asset Category	Current Year	Year	(1 minus 2)	Restricted	Total Assets	Assets
a. Subject to contractual						
obligation for which liability						
is not shown						
b. Collateral held under						
security lending agreements						
c.Subject to repurchase						
agreements						
d. Subject to reverse						
repurchase agreements						
e. Subject to dollar						
repurchase agreements						
f. Subject to dollar reverse						
repurchase agreements						
g. Placed under option						
contracts						
h. Letters tock or securities						
restricted as to sale						
i. FHLB capital stock						
j. On deposit with states	\$ 1,099,044	\$ 1,098,503	\$ 541	\$ 1,099,044	6.9%	7.0%
k. On deposit with other						
regulatory bodies						
1. Pledged collateral to						
FHLB (including assets						
backing funding						
m Pledged as collateral not						
captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 1,099,044	\$ 1,098,503	\$ 541	\$ 1,099,044	9.7%	7.0%

- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories None
- 3. Detail of Other Restricted Assets None
- I. Working Capital Finance Investments None
- J. Offsetting and Netting of Assets and Liabilities None
- K. Structured Notes None
- L. 5* Securities None

6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

7. Investment Income

No Change

8. Derivative Instruments

No Change

9. Income Tax

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

Included in the Company's balance sheet as of June 30, 2017 are receivables from parent, subsidiaries and affiliates of \$85,371 generated in the normal course of business with Centene Management Company.

11. Debt

A. Capital Notes – None

B. FHLB (Federal Home Loan Bank) Agreements - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans None
- B. Investment Policies and Strategies for Plan Assets None
- C. Fair Value of Each Class of Plan Assets None
- D. Basis Used to Determine the Overall Expected Long-term Rate-of-Return-on-Assets Assumption None
- E. Defined Contribution Plan None
- F. Multiemployer Plan None
- G. Consolidated/Holding Company Plans None
- H. Postemployment Benefits and Compensated Absences None
- I. Impact of Medicare Modernization Act on Postretirement Benefits None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No Change

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments None
- B. Assessments None
- C. Gain Contingencies None
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits None
- E. Joint and Several Liabilities None
- F. All Other Contingencies None

15. Leases

No Change

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Change

20. Fair Value Measurement

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at June 30, 2017 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Le	vel 1)	(Le	vel 2)	(Le	vel 3)	Total	
a. Assets at fair value								
Cash and Short-Term Investments								
Cash	\$ 92	251,785	S	-	S	-	\$ 9.	251,785
Short-Term Investments	S	-		_		-		-
Total Cash and Short-Term Investments	\$ 9,2	251,785	S	-	S	-	\$ 9,	251,785
Perpetual Preferred stock								
Industrial and Misc	S	-	S	-	\$	-	\$	-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Perpetual Preferred Stocks	S		S	-	S	-	S	-
Bonds								
U.S. Governments	S	-	S	-	S	-	S	-
Industrial and Misc		_		_		-		-
Hybrid Securities		-		-		-		-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Bonds	S		S	-	S	-	S	-
Common Stock								
Industrial and Misc	S	-	S	-	\$	-	\$	-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Common Stocks	S		S	-	S	-	S	-
Derivative assets								
Interest rate contracts	S	-	S	-	\$	-	S	-
Foreign exchange contracts		-		-		-		-
Credit contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Commodity forward contracts		-		-		-		-
Total Derivatives	S		S	-	S	-	S	
Separate account assets	S	-	S	-	S	-	S	-
Total assets at fair value	\$ 9,2	251,785	\$	-	\$	-	\$ 9,	251,785
b. Liabilities at fair value								
Derivative liabilities	\$		\$		S		S	
Total liabilities at fair value	\$	-	\$	-	\$	-	\$	-

The following table summarizes fair value measurements by level at December 31, 2016 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Le	vel 1)	(Le	ve12)	(Le	ve13)	T	ota1
a. Assets at fair value								
Cash and Short-Term Investments								
Cash	\$ 10	916,165	s	_	S	_	\$ 10	916,165
Short-Term Investments	\$ 1,.	710,100	•	-	•	-	J 1,.	-
Total Cash and Short-Term Investments	\$ 10	916,165	S	-	S	-	\$ 19	916,165
Perpetual Preferred stock	· -,.	,,,,,,,,,	•		•		• -,-	10,102
Industrial and Misc	S	_	S	-	S	-	S	_
Parent, Subsidiaries and Affiliates	•	_	•	-	•	-	•	_
Total Perpetual Preferred Stocks	S		S	-	S	-	s	
Bonds	•		•		-		-	
U.S. Governments	S	_	S	_	S	_	S	_
Industrial and Misc	•	_	•	_	•	_	•	_
Hybrid Securities		_		_		_		_
Parent, Subsidiaries and Affiliates		_		-		-		_
TotalBonds	S		S	-	S	-	S	
Common Stock								
Industrial and Misc	S	-	S	-	S	-	S	-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Common Stocks	S	-	S	-	S	-	S	
Derivative assets								
Interest rate contracts	S	-	S	-	S	-	S	-
Foreign exchange contracts		-		-		-		-
Credit contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Commodity forward contracts		-		-		-		-
Total Derivatives	S	-	S	-	S	-	S	-
Separate account assets	S	-	S	-	S	-	S	-
Total assets at fair value	\$ 1,	916,165	S	-	S	-	\$ 1,	916,165
b Liabilities at fair value								
Derivative liabilities	S	_	S	_	S	_	S	_
Total liabilities at fair value	S	-	s	-	s	-	s	-

B. None

C. The following table summarizes the aggregate fair value measurements by level at June 30, 2017 for all financial instruments.

Type of Financial Instrument	Aggregate Rair Value	Admitted Assets Level I Level II Le				Lev	re1 III	(Car	ticable rrying ilue)	
TotalCash and										
Short-Term Investments	\$ 9,251,785	\$	9,251,785	\$	9,251,785	\$ -	\$	-	\$	-
Bonds	1,108,382		1,099,044		1,108,382	-		-		-
Common Stock	-		-		-	-		-		-
Perpetual Preferred Stock	-		-		-	-		-		-
Mortgage Loans	 	_	-			 -		-		-
Total	\$ 10,360,167	\$	10,350,829	\$	10,360,167	\$ -	\$		\$	

The following table summarizes the aggregate fair value measurements by level at December 31, 2016 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value				_	Level I	1	Level II	Level III		Practicable (Carrying Value)	
Total Cash and Short-Term Investments Bonds Common Stock Perpetual Preferred Stock Mortgage Loans	\$	1,916,165 1,099,615 - - -	\$	1,916,165 1,098,503 - - -	\$	1,916,165 1,099,615 - -	\$	- - - - -	\$	- - - -	\$	- - - -
Total	\$	3,015,780	\$	3,014,668	s	3,015,780	\$		_\$		\$	

D. None

21. Other Items

A. Extraordinary Items – No Change

- B. Troubled Debt Restructuring: Debtors No Change
- C. Other Disclosures and Unusual Items No Change
- D. Business Interruption Insurance Recoveries No Change
- E. State Transferable and Non-Transferable Tax Credits No Change
- F. Subprime Mortgage Related Risk Exposure No Change
- G. Retained Assets No Change
- H. Insurance-Linked Securities (ILS) Contracts No Change

22. Events Subsequent

<u>Type I – Recognized Subsequent Events</u>

Subsequent events have been considered through August 14, 2017 for the statutory statement issued as of June 30, 2017 on August 14, 2017.

Type II – Nonrecognized Subsequent Event

Subsequent events have been considered through August 14, 2017 for the statutory statement issued as of June 30, 2017 on August 14, 2017.

None

23. Reinsurance

- A. Ceded Reinsurance Report No Change
- B. Uncollectible Reinsurance No Change
- C. Commutation of Ceded Reinsurance No Change
- D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- **A.** The Company estimates accrued retrospective premiums for its federal and state sponsored programs in accordance with the provisions in its contract with the Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services.
- B. The Company records accrued retrospective premium through written premium.
- C. The amount of net premiums written by the Company at June 30, 2017 which are subject to retrospective rating features were \$25.8 million, which represents 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical Loss Ratio Rebates Required per Public Health Service Act No Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2016 were \$0.7 million. As of June 30, 2017, \$0.7 million has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now (\$0.04) million, as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been a (\$0.04) million unfavorable prior-year development since December 31, 2016 to June 30, 2017. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Change

27. Structured Settlements

No Change

28. Health Care Receivables

1. Pharmaceutical Rebate Receivables – No Change

2. Risk Sharing Receivables – No Change

29. Participating Policies

No Change

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves \$913,822
 Date of the most recent evaluation of this liability July 26, 2017

3. Was anticipated investment income utilized in this calculation? Yes

31. Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State Domicile, as required by the Model Act?								Yes []	No [X]
1.2			y state?					,	Yes []	No []
2.1	Has any change been reporting entity?	made during the year of this	s statement in the charter, by-laws, article	s of incorp	oration, or de	ed of settlem	ent of the		Yes [X]	No []
2.2	If yes, date of change	:							04	/03/2017
3.1			Holding Company System consisting of tw						Yes [X]	No []
	If yes, complete Scheo	dule Y, Parts 1 and 1A.								
3.2	Have there been any	substantial changes in the o	rganizational chart since the prior quarter	end?				,	res []	No [X]
3.3	•	is yes, provide a brief descri	ption of those changes.							
4.1	Has the reporting entit	ty been a party to a merger o	or consolidation during the period covered	I by this sta	atement?				Yes []	No [X]
4.2		ne of entity, NAIC Company esult of the merger or consol	Code, and state of domicile (use two lette lidation.	er state abl	oreviation) for	any entity th	at has			
			1 Name of Entity	NAIC Co	2 mpany Code	3 State of D				
5.		nent, have there been any si	agreement, including third-party administr gnificant changes regarding the terms of					Yes []	No [X]	NA []
6.1	State as of what date	the latest financial examinat	ion of the reporting entity was made or is	being mad	e				12	/31/2012
6.2	State the as of date th	at the latest financial exami	nation report became available from eithe ance sheet and not the date the report wa	r the state	of domicile o	r the reporting	a entity.			
6.3	or the reporting entity.	This is the release date or o	ion report became available to other state completion date of the examination report	and not th	e date of the	examination	(balance		06	/24/2014
6.4	By what department o									
	Michigan Department	of Insurance and Financia	al Services							
6.5			e latest financial examination report been					Yes []	No []	NA [X]
6.6	Have all of the recomm	mendations within the latest	financial examination report been complic	ed with?				Yes [X]	No []	NA []
7.1	Has this reporting enti	ty had any Certificates of Au I by any governmental entity	ithority, licenses or registrations (including during the reporting period?	g corporate	registration,	if applicable)			Yes []	No [X]
7.2	If yes, give full informa									
8.1	Is the company a subs		npany regulated by the Federal Reserve I						Yes []	No [X]
8.2	If response to 8.1 is ye	•	of the bank holding company.							
8.3	Is the company affiliat		thrifts or securities firms?						Yes []	No [X]
8.4	federal regulatory serv	vices agency [i.e. the Federa	e names and location (city and state of the al Reserve Board (FRB), the Office of the curities Exchange Commission (SEC)] an	Comptrolle	er of the Curre	ency (OCC), t	he Federal			
		1	2 Location		3	4	5	6		
	Affili	iate Name	Location (City, State)		FRB	occ	FDIC	SEC		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, princip similar functions) of the reporting entity subject to a code of ethics, which includes					Yes [X]	No []			
	 (a) Honest and ethical conduct, including the ethical handling of actual or apparent (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons (e) Accountability for adherence to the code. 	s require	ed to be filed by the report			,				
9.11	If the response to 9.1 is No, please explain:									
9.2	Has the code of ethics for senior managers been amended?					Yes []	No [X]			
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).									
9.3	Have any provisions of the code of ethics been waived for any of the specified office					Yes []	No [X]			
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).									
	FINA	ANCI	AL							
10.1	10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?									
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount				\$		0			
11.1	INVES Were any of the stocks, bonds, or other assets of the reporting entity loaned, place	ed under	option agreement, or oth	erwise m	ade available	V []	N. FV1			
11.2	for use by another person? (Exclude securities under securities lending agreemen If yes, give full and complete information relating thereto:	ts.)				Yes []	NO [X]			
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA	٨:			\$					
13.	Amount of real estate and mortgages held in short-term investments:				\$					
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliate	es?				Yes []	No [X]			
14.2	If yes, please complete the following:									
	14.21 Bonds	¢	1 Prior Year-End Book/Adjusted Carrying Value	¢	2 Current Quarter Book/Adjusted Carrying Value					
	14.22 Preferred Stock 14.23 Common Stock	\$		\$						
	14.24 Short-Term Investments									
	14.25 Mortgage Loans on Real Estate									
	14.27 Total Investment in Parent, Subsidiaries and Affiliates			,						
	(Subtotal Lines 14.21 to 14.26)		0		0					
15.1	Has the reporting entity entered into any hedging transactions reported on Schedu	ile DB? .				Yes []	No [X]			
15.2	If yes, has a comprehensive description of the hedging program been made availa	ble to th	e domiciliary state?			Yes []	No []			

If no, attach a description with this statement.

GENERAL INTERROGATORIES

1	6.2 Total book ad	ue of reinvested collatera djusted/carrying value of e for securities lending re	DL, Parts 1 and 2	\$			
e p C	entity's offices, vaults oursuant to a custodi Considerations, F. O	s or safety deposit boxes ial agreement with a qua utsourcing of Critical Fur	, were all stocks, lified bank or trus actions, Custodia	, bonds and othe st company in ac Il or Safekeeping	er securities, owned accordance with Sec agreements of the	stments held physically in the reporti d throughout the current year held ction 1, III – General Examination e NAIC <i>Financial Condition Examine</i>	rs
7.1 F	or all agreements th	nat comply with the requi	rements of the N	AIC Financial C	ondition Examiners	s Handbook, complete the following:	
		US Bank	1 e of Custodian(s		P0 Box 1800, S	2 Custodian Address St. Paul, MN 55101	
	or all agreements the ocation and a compl		e requirements o	of the NAIC <i>Fina</i>	ncial Condition Exa	aminers Handbook, provide the name	э,
		1 Name(s)		2 Location	(s)	3 Complete Explanation(s)	
7.3 F	lave there been any	changes, including nam	e changes, in the	e custodian(s) id	lentified in 17.1 dur	ring the current quarter?	Yes [] No [)
7.4 11	yes, give full and co	omplete information rela	ting thereto:				
		1 Old Custodian		2 Custodian	3 Date of Change	4 Reason	
		Old Custodian	ivew o	oustoulan	Date of Change	Reason	
а	uthority to make inv	estment decisions on be as such. ["that have a	half of the report	ing entity. For a	ssets that are man		
а	uthority to make inv eporting entity, note	estment decisions on be as such. ["that have a 1 Name of Firm or Individu	half of the report ccess to the inve	ing entity. For as	ssets that are manas"; "…handle secur	aged internally by employees of the	
а	uthority to make inv eporting entity, note	estment decisions on be as such. ["that have a 1 Name of Firm or Individu	half of the report ccess to the inve	ing entity. For a	ssets that are mana s"; "handle secur Af	aged internally by employees of the ities"] 2 ifiliation	
а	uthority to make inv eporting entity, note	estment decisions on be as such. ["that have a 1 Name of Firm or Individu	half of the report ccess to the inve	ing entity. For a	ssets that are mana"; "handle secur	aged internally by employees of the ities"] 2 ifiliation	
a r [uthority to make inveporting entity, note	estment decisions on be as such. ["that have a 1 Name of Firm or Individu.	half of the report ccess to the inve	ing entity. For a statement accounts	ssets that are mana "; "handle secur Af	aged internally by employees of the ities"] 2 ifiliation	Yes [] No [
5097 I	eporting entity, note Por those firms/indiv (i.e., designated with	estment decisions on be as such. ["that have a land a such. ["that have a land a such. ["that have a land	shalf of the report ccess to the inve	ing entity. For a strength accounts	Af midividuals unaffiliat issets? a "U") listed in the	aged internally by employees of the ities"] 2 filiation ed with the reporting entity table for Question 17.5,	Yes [] No [
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets	estment decisions on be as such. ["that have a land as land as listed in the table in a "U") manage more the unaffiliated with the reposit sunder management again.	shalf of the report ccess to the inverse and the common of the reporting entity (i.e., gregate to more to	5, do any firms/ir porting entity's a designated with than 50% of the	Af addividuals unaffiliat issets? a "U") listed in the reporting entity's a	aged internally by employees of the ities"] 2 filiation ded with the reporting entity table for Question 17.5, issets?	Yes [] No [
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets	estment decisions on be as such. ["that have a land as land as listed in the table in a "U") manage more the unaffiliated with the reposit sunder management again.	shalf of the report ccess to the inverse and the common of the reporting entity (i.e., gregate to more to	5, do any firms/ir porting entity's a designated with than 50% of the	Af addividuals unaffiliat issets? a "U") listed in the reporting entity's a	aged internally by employees of the ities"] 2 filiation ed with the reporting entity table for Question 17.5,	Yes [] No [
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets	restment decisions on be as such. ["that have a such are such as under manage more that sunder management ago dividuals listed in the table stration. No	shalf of the report ccess to the inverse and the common of the reporting entity (i.e., gregate to more to	5, do any firms/ir porting entity's a designated with than 50% of the	Af addividuals unaffiliat issets? a "U") listed in the reporting entity's a	aged internally by employees of the ities"] 2 filiation ded with the reporting entity table for Question 17.5, issets?	Yes [] No [
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets for those firms or income.	restment decisions on be as such. ["that have a such are such as under manage more that sunder management ago dividuals listed in the table stration. No	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of Firm or	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 ffiliation ded with the reporting entity table for Question 17.5, lessets? or "U" (unaffiliated), provide the inform	Yes [] No [nation for the table below. 5 Investment Management
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets for those firms or income.	restment decisions on be as such. ["that have a such are such as under manage more that sunder management ago dividuals listed in the table stration. No	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of Firm or	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 ffiliation ded with the reporting entity table for Question 17.5, lessets? or "U" (unaffiliated), provide the inform	Yes [] No [nation for the table below. 5 Investment Management
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets for those firms or income.	restment decisions on be as such. ["that have a such are such as under manage more that sunder management ago dividuals listed in the table stration. No	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of Firm or	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 ffiliation ded with the reporting entity table for Question 17.5, lessets? or "U" (unaffiliated), provide the inform	Yes [] No [nation for the table below. 5 Investment Management
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets Central Regis Depository N	restment decisions on be as such. ["that have a such are such as such a	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of the reporting entity (i.e., gregate to firm or individual	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 ffiliation ed with the reporting entity table for Question 17.5, lessets? or "U" (unaffiliated), provide the inform	Yes [] No [nation for the table below. 5 Investment Management Agreement (IMA) Filed
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets Central Regis Depository N	restment decisions on be as such. ["that have a such are such as such a	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of the reporting entity (i.e., gregate to firm or individual	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 filliation ed with the reporting entity table for Question 17.5, issets? or "U" (unaffiliated), provide the inform 4 Registered With	Yes [] No [nation for the table below. 5 Investment Management Agreement (IMA) Filed
a n n n n n n n n n n n n n n n n n n n	For those firms/individuals does the total assets Depository N	restment decisions on be as such. ["that have a such are such as such a	for Question 17.5 an 10% of the reporting entity (i.e., gregate to more to the form of the	5, do any firms/ir porting entity's a designated with than 50% of the	Af	aged internally by employees of the ities"] 2 filliation ed with the reporting entity table for Question 17.5, issets? or "U" (unaffiliated), provide the inform 4 Registered With	Yes [] No [nation for the table below. 5 Investment Management Agreement (IMA) Filed

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent	_	84.3 %
	1.2 A&H cost containment percent		0.0 %
	1.3 A&H expense percent excluding cost containment expenses	_	12.3 %
2.	1 Do you act as a custodian for health savings accounts?	_	Yes [] No [X]
2.	2 If yes, please provide the amount of custodial funds held as of the reporting date	\$	
2.	3 Do you act as an administrator for health savings accounts?	_	Yes [] No [X]
2.	4 If yes, please provide the balance of the funds administered as of the reporting date	\$	

SCHEDULE S - CEDED REINSURANCE

Showing A	All New Rein	surance Treatie	s - Current '	Year to Date

			Showing All New Reinsurance Tr	eaties - Current Year to Date				
1 NAIC	2	3 Effective	4	5	6 Type of Reinsurance Ceded	7	8 Certified Reinsurer Rating	9 Effective Date of Certified
NAIC Company Code	ID Number	1 -	Name of Reinsurer	Domiciliary Jurisdiction	Ceded	Type of Reinsurer	Reinsurer Rating (1 through 6)	of Certified Reinsurer Rating
company code	12 114201		Name of Reinsurer LIFE & ANNUITY — AFFILIATES LIFE & ANNUITY — NON-AFFILIATES ACCIDENT & HEALTH — AFFILIATES ACCIDENT & HEALTH — NON-AFFILIATES PARTNERRE AMER INS CO. PROPERTY/CASUALTY — AFFILIATES PROPERTY/CASUALTY — NON-AFFILIATES	- Canadasan		. ype or remound	(1 4.11049.10)	- remound reading
			LIFE & ANNUITY - NON-AFFILIATES					
			ACCIDENT & HEALTH — AFFILIATES					
			ACCIDENT & HEALTH — NON-AFFILIATES					
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/I/L	Authorized		1
	100000101		PROPERTY/CASUALTY - AFFILIATES					
			PROPERTY/CASUALTY — NON-AFFILIATES					
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			1	Current Year	r to Date - Allo	cated by States		siness Only			
			'	2	3	4	5 Federal Employees	6	7	8	9
	States, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
i	Alabama	AL AK	N N							0	
	Alaska Arizona		NN							1	
1	Arkansas		N							0	
i	California		N							0	
1	Colorado		N						 	J0	
	Connecticut Delaware		N N						 	J0	
	Dist. Columbia		NN.							0	
1	Florida		N							0	
1	Georgia		N							٥	
i	Hawaii		N							ļ0	
I	IdahoIllinois		NN							T	
i e	Indiana		N							0	
i	lowa		N							٥	
	Kansas		N			<u> </u>		ļ	l	ļ0	
1	Kentucky		N N	<u> </u>		L			l	ļ0	ļ
i	Louisiana Maine		NN						<u></u>	n	
	Maryland		N							0	
22.	Massachusetts	. MA	N	ļ				<u> </u>		ļ0	
1	Michigan		LL	0	17 ,045 ,412	9,380,446			<u> </u>	26,425,858	
1	Minnesota Mississippi		NNN.	<u></u>						10	
	Missouri		NN							1 0	
i	Montana		N							0	
	Nebraska		N							٥	
1	Nevada		N					<u> </u>		0	
	New Hampshire New Jersey		NNNN.							1	
	New Mexico		N							L0	
	New York		N							0	
1	North Carolina		N							0	
i	North Dakota		N					<u> </u>		0	
	Ohio Oklahoma		N N							1	
	Oregon		N							0	
1	Pennsylvania		N							0	
i	Rhode Island		N							0	
1	South CarolinaSouth Dakota		lN N							J0	
1	Tennessee		N N							1 0	
ı	Texas		N							0	
i	Utah		N	-	.				l	ļ0	
i	Vermont		N N			l		l		ļ0	
	Virginia Washington		NN	İ						n	
1	West Virginia		N							0	
i	Wisconsin		N					<u> </u>	ļ	ļ0	
	Wyoming		N N						l	ļ0	
1	American Samoa Guam		N N						L	n	
1	Puerto Rico		N							0	
1	U.S. Virgin Islands		N					<u> </u>	ļ	ļ0	
	Northern Mariana Islands		N			l			l	ļ0	
	Canada Aggregate other alien		NXXX	0	0	0	0	0	0	j	n
1	Subtotal		XXX	0	17,045,412		0	0	0	26,425,858	0
60.	Reporting entity contributions Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)		(a) 1	0	17,045,412	9,380,446	0	0	0	26,425,858	0
58001	DETAILS OF WRITE-INS										
58002			XXX								
58003			XXX						l		
	Summary of remaining write-i	ns for	XXX	<u> </u>		l			l	ļ	
	Line 58 from overflow page		XXX	0	0	0	0	0	0	J0	0
	Totals (Lines 58001 through 9 plus 58998) (Line 58 above)	58003	XXX	0	0	0	0	0	0	0	0
	nsed or Chartered - Licensed Insur	ance Ca				· ·				<u> </u>	<u> </u>

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	ОН	11834
Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	

Trillium Community Health Plan, Inc. (60%)	42-1694349	OR	12559
Trillium Community Health Plan, Inc. (40%)	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	12000
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	ОН	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC		AR	
Healthy Oklahoma Holdings, Inc.	81-2788043	DE	
Oklahoma Complete Health Inc.	81-3121527	OK	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	

Cenpatico	Behavioral Health, LLC	68-0461584	CA	
·	HSP Arizona, Inc	86-0782736	AZ	
	npatico of California, Inc	47-2595704	CA	
Inte	grated Mental Health Mgmt, LLC	74-2892993	TX	
	Integrated Mental Health Services	74-2785494	TX	
Cer	npatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
	Cenpatico of Arizona Inc. (80%)	80-0879942	AZ	14704
Envolve, li	nc.	37-1788565	DE	
AHA	A Administrative Services, LLC	47-4545413	AL	
Env	volve - New York, Inc.	47-3454898	NY	
Cor	mmunity Care of Central Colorado, LLC		DE	
Envolve P	eopleCare, Inc.	06-1476380	DE	
Live	eHealthier, Inc.	47-2516714	DE	
Envolve B	enefits Options, Inc.	61-1846191	DE	
Env	volve Vision Benefits, Inc.	20-4730341	DE	
Env	olve Captive Insurance Company, Inc.	36-4520004	SC	
Env	volve Vision of Texas, Inc.	75-2592153	TX	95302
Env	volve Vision, Inc	20-4773088	DE	
Env	volve Vision of Florida, Inc	65-0094759	FL	
Env	volve Total Vision, Inc.	20-4861241	DE	
Env	volve Vision of New York, Inc.	06-1635519	NY	
Env	volve Dental, Inc.	46-2783884	DE	
	Envolve Dental of Florida, Inc.	81-2969330	FL	
	Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve P	harmacy Solutions, Inc.	77-0578529	DE	
LBE	3 Industries, Inc	76-0511700	TX	
RX	Direct, Inc	75-2612875	TX	
Env	olve Pharmacy IPA, LLC	46-2307356	NY	
Casenet LLC		90-0636938	DE	
Casenet S	S.R.O.	Foreign	CZE	
Centurion Group		61-1450727	DE	
	LLC (51%)	90-0766502	DE	
	nturion of Arizona, LLC	81-4228054	AZ	
	nturion of Vermont, LLC	47-1686283	VT	
Cer	nturion of Mississippi, LLC	47-2967381	MS	
	nturion of Tennessee, LLC	30-0752651	TN	
Mas	ssachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Cer	nturion of Minnesota, LLC	46-2717814	MN	
Cer	nturion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
	nturion of Florida, LLC	81-0687470	FL	
Cer	nturion of Illinois, LLC	81-3007264	IL	

Centurion of Maryland, LLC	81-4938030	MD
Centurion of Philadelphia, LLC	81-5429405	PA
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX
Specialty Therapeutic Care, GP, LLC	73-1698807	TX
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX
Specialty Therapeutic Care West, LLC	26-2624521	TX
AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.	45-2780334	DE
AcariaHealth Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
AcariaHealth Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC (20%)	38-3153946	DE
U.S. Medical Management, LLC (48%)	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	ОН
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Grace Hospice of Illinois, LLC	81-5129923	IL
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
A N J, LLC	20-0927034	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI

Fam	ily Nurse Care II, LLC	20-5108540	MI	
Fam	ily Nurse Care of Ohio, LLC	20-3920947	MI	
Pinn	acle Senior Care of Wisconsin, LLC	46-4229858	WI	
Pinn	acle Senior Care of Indiana, LLC	81-1565426	MI	
Pinn	acle Home Care, LLC	76-0713516	TX	
Nort	h Florida Health Services, Inc	59-3519060	FL	
Pinn	acle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
Hosp	pice DME Company, LLC	46-1734288	MI	
Rapi	id Respiratory Services, LLC	20-4364776	DE	
USM	1M Accountable Care Network, LLC	46-5730959	DE	
USM	1M Accountable Care Partners, LLC	46-5735993	DE	
USM	1M Accountable Care Solutions, LLC	46-5745748	DE	
USM	1M ACO, LLC	45-4165480	MI	
USM	IM ACO Florida, LLC	45-4157180	MI	
USM	IM ACO North Texas, LLC	45-4154905	MI	
Health Net,	Inc.	47-5208076	DE	
Heal	Ith Net of California, Inc.	95-4402957	CA	
	Health Net Life Insurance Company	73-0654885	CA	66141
	Health Net Life Reinsurance Company	98-0409907	CYM	
	Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
Man	aged Health Network, LLC	95-4117722	DE	
	Managed Health Network	95-3817988	CA	
	MHN Services, LLC	95-4146179	CA	
	MHN Services IPA, Inc.	13-4027559	NY	
Heal	Ith Net Federal Services, LLC	68-0214809	DE	
	MHN Government Services LLC	42-1680916	DE	
	MHN Global Services, Inc.	51-0589404	DE	
	MHN Government Services-Belgium, Inc.	80-0852000	DE	
	MHN Government Services-Djibouti, Inc.	90-0889816	DE	
	MHN Government Services-Germany, Inc.	80-0852008	DE	
	MHN Government Services-Guam, Inc.	90-0889803	DE	
	MHN Government Services-International, Inc.	90-0889825	DE	
	MHN Government Services-Italy, Inc.	80-0852019	DE	
	MHN Government Services-Japan, Inc.	46-1038058	DE	
	MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
	MHN Government Services-Turkey, Inc.	90-0889824	DE	
	MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
	Network Providers, LLC (10%)	88-0357895	DE	
	Health Net Preferred Providers, LLC	61-1388903	DE	
	Health Net Veterans, LLC	35-2490375	DE	
	Network Providers, LLC (90%)	88-0357895	DE	

	Health Net of the Northeast, LLC (25%)	06-1116976	DE	
	North Region Providers, LLC	n/a	DE	
	Health Net of the Northeast, LLC (75%)	06-1116976	DE	
	QualMed, Inc.	84-1175468	DE	
	QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
	Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
	HSI Advantage Health Holdings, Inc.	23-2867299	DE	
	QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	
	Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
	Health Net Services Inc.	94-3037822	DE	
	Health Net Community Solutions, Inc.	54-2174068	CA	
	Health Net of Arizona, Inc.	36-3097810	AZ	95206
	Health Net One Payment Services, Inc.	54-2153100	DE	
	Health Net of Pennsylvania, LLC	n/a	PA	
	QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
	FH Surgery Limited, Inc.	68-0390434	CA	
	Foundation Health Facilities, Inc.	68-0390438	CA	
	FH Assurance Company	98-0150604	CYM	
	Health Net Pharmaceutical Services	68-0295375	CA	
	Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
	Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
	National Pharmacy Services Inc.	84-1301249	DE	
	Integrated Pharmacy Systems, Inc. (90%)	23-2789453	PA	
	FH Surgery Centers Inc.	68-0390435	CA	
	Greater Sacramento Surgery Center LP (66%)	68-0343818	CA	
	Health Net Access, Inc.	46-2616037	AZ	
MHS	Consulting, International, Inc	20-8630006	DE	
	PRIMEROSALUD, S.L.	Foreign	ESP	
	Centene UK Limited	Foreign	GBR	
	The Practice (Group) Limited (75%)	Foreign	GBR	

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						Exchange if	No 6		Relationship		Board,	If Control is		Is an SCA	
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Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)		^
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01295	Centene Corporation	71013	. 39-0993433				Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Corporation		0
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01295	Centene Corporation	00000	. 46 - 2860967				Holding, Inc	MO	NIA	Wisconsin	Ownership	17.0	Corporation	^Y .	0
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01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	I A	Centene Corporation	Ownership	100.0	Corporation	N .	0
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01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Corporation	Y .	
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01295	Centene Corporation	15713	. 46 - 4829006				lowa Total Care, Inc	I A	I A	Centene Corporation	Ownership	100.0	Corporation	N .	0
							Buckeye Community Health Plan,						Centene		
01295	Centene Corporation	11834	. 32-0045282				Inc	0H		Centene Corporation	Ownership	100.0	Corporation	N .	0
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01295	Centene Corporation	00000	. 46 - 2860967				Holding, Inc	MO	NIA	Plan, Inc	Ownership	13.0	Corporation	Y .	0
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01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	I A	Centene Corporation	Ownership	100.0	Corporation		0
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01295	Centene Corporation	00000	. 46 - 2860967				Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporation	Y .	0
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01295	Centene Corporation	00000	59-3807546				Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation	lN .	0
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01295	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation	lN .	0
	· ·	İ					Coordinated Care Corporation				· ·		Centene	l l	
01295	Centene Corporation	95831	. 39-1821211				d/b/a Managed Health Services	I N	I A	Centene Corporation	Ownership	100.0	Corporation	l	0
	'	İ					Health Plan Real Estate			Coordinated Care Corporation	i i		Centene	l l	
01295	Centene Corporation	00000	. 46-2860967				Holding, Inc	MO	NIA	d/b/a Managed Health Services.	Ownership	15.0	Corporation	Y .	0
İ	'	İ					Healthy Washington Holdings,				i i		Centene	l l	
01295	Centene Corporation	00000	46-5523218				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	lN .	0
	'						Coordinated Care of Washington,			Healthy Washington Holdings,	· ·		Centene		
01295	Centene Corporation	15352	46-2578279				Inc	WA	I A	Inc	Ownership	100.0	Corporation	lN .	0
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01295	Centene Corporation	96822	39 - 1678579	l			Insurance Corp	W	I A	Centene Corporation	Ownership	100.0	Corporation	l	0
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01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	LA	Centene Corporation	Ownership	100.0	Corporation	l N	0
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01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100 0	Corporation	N	0
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01295	Centene Corporation	00000	27 - 0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership.	100 0	Corporation	N	n
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01295	Centene Corporation	13970	27 - 1287287				Connections, Inc	LA	IA	ILLC	Ownership	100.0	Corporation	N	n
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Design Content Corporation MSG 27-28950	01295	Centene Corporation	13923	20-85/0212				Magnolia Health Plan Inc	MS	I A	Centene Corporation	Ownership	100.0		N	
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October Composition Comp															l .l	
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Centere Corporation	04205	Contone Corneration	00000	EC 2204404				Access Health Colutions IIC	г	NII A	Cunching Health Helding LLC	Ownership	100 0			
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	01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0		N	0
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Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
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01295	Centene Corporation	15912	47 - 5664832				Solutions, Inc.	TX	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	15927	47 - 5667095				Sunshine Health Community Solutions, Inc	FL	LA	Centene Corporation	Ownership.	100.0	Centene Corporation		
01295	l centene corporation		47 - 3007 093				Buckeye Health Plan Community		I A	Certiene corporation	. ownerstrip	100.0	Centene	JN	
01295	Centene Corporation	16112	47 - 5664342				Solutions, Inc	0H	LA	Centene Corporation	Ownership	100.0	Corporat ion	l N	٥
01200	deritario derperat ren		+1 000+0+Z				Arkansas Health & Wellness			Contone corporation	. o willor offip	100.0	Centene		
01295	Centene Corporation	16130	81-1282251				Health Plan. Inc.	AR	I A	Centene Corporation	Ownership	100.0		N	0
	<u>'</u>						Arkansas Total Care Holding			Arkansas Health & Wellness	'		Centene	l l	
01295	Centene Corporation	00000					Company, LLC	AR	NIA	Health Plan, Inc	Ownership	100.0	Corporation	N	0
													Centene		
01295	Centene Corporation	00000	81-2788043				Healthy Oklahoma Holdings, Inc.,	DE	NIA	Centene Corporation	.Ownership	100.0	Corporation	N	
04005	Conton Consenting	00000	04 0404507				Oldahama Camalata Haalth Laa	OV	NILA	Healthy Oklahoma Holdings,	O	100.0	Centene	ا ا	
01295	Centene Corporation	00000	81-3121527				Oklahoma Complete Health Inc	OK	NIA	Inc	.Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	Centene Corporation	Ownership.	100.0	Corporation	l N	٥
01233	Contone corporation		20-430007 3				Bridgeway Health Solutions of	DL		Bridgeway Health Solutions,	. O will of 3111 p	100.0	Centene		
01295	Centene Corporation	00000	20-4980818				Arizona Inc.	AZ	NIA	LLC	Ownership	100.0	Corporation	l N	0
								1					Centene		
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
		l											Centene		
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	I L	I A	Celtic Group, Inc	.Ownership	100.0	Corporation	N	
01295	Contone Corneration	15762	35-2525384				Ambattar of Magnalia Inc	MS	I A	Caltia Ingurance Company	Ownership	100.0	Centene	I ,	
01295	Centene Corporation	13702	33-2323304				Ambetter of Magnolia Inc	JVIO	I A	Celtic Insurance Company	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.0		l N	0
01200	Contone Corporation		00 1002002				Transoctor of rodon orato mo		1	l cortro mouranos company			Centene	1	
01295	Centene Corporation	00000	27 - 2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	.Ownership	100.0	Corporation	N	0
	·						CeltiCare Health Plan Holdings			·	,		Centene		
01295	Centene Corporation	00000	26-4278205				LLC	DE	NIA	Celtic Group, Inc	.Ownership	100.0	Corporation	N	0
04005	Conton Consenting	13632	00 4040440				CeltiCare Health Plan of	MA	1.4	CeltiCare Health Plan	O	100.0	Centene	ا ا	
01295	Centene Corporation		26-4818440				Massachusetts, Inc.	JWA	I A	Holdings LLC	Ownership	100.0	Corporation Centene	^{IN}	
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Corporation	l N	0
01200	dentene derperatron		00 1004070				Tooritono managomorit oompariy EEo	" '	1	Centene Management Company	. o willor offine	100.0	Centene		
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	LLC	Ownership	100.0]N	
	<u>'</u>										'		Centene	i i	
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	0
0.4005		00000	00 4040450					DE		040 0 1 5 1 1 0 110		400.0	Centene		
01295	Centene Corporation	00000	82-1816153				Centene Center I, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0		N	U
01295	Centene Corporation	00000	47 - 5156015					DF	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	ا ۱
01200			TI -0 1000 10				Contono Conton 11, LLC			omo noar Estate oo. ELo	. omilai siiih	100.0	Centene	IN	
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC.	Ownership	100.0	Corporation	N	0
	<u>'</u>										'		Centene		
01295	Centene Corporation	00000	47 - 2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	0
04005			07 4700000				l., , , , , , , , , , , , , , , , , , ,			040 B 4 E 4 4 0 440		400.0	Centene	[<u> </u>	
01295	Centene Corporation	00000	37 - 1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	1100.0	Corporation	[N	0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership, Board,	13	14	15 Is an SCA	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Management,	If Control is Ownership		Filing	
Group		Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	_
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Centene	(Y/N)	
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporat ion	N	0
	,						,				,		Centene		
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01200	Toontone derperation	l i					101000, 1110			<u>'</u>	0 W1101 3111 P		Centene		
01295	Centene Corporation	00000	46 - 2798132				Lifeshare Management Group, LLC.	NH	NIA	LSM Holdco, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	20-2074217				CCTV Holdings IIIC	DE	NIA	Centene Corporation	Ownership	100.0	Centene		0
01293	Centene Corporation	00000	20-20/42//	-			CCTX Holdings, LLC	УЕ	N I A	Ceriterie Corporation	ownership	100.0	Corporation Centene	IN	
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0		N	0
-		l					L			-			Centene	l	
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership.	99 0	Corporation	N	0
	'	l 1											Centene		
01295	Centene Corporation	00000	43 - 1795436				MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01293	Cerreile Corporation	00000	40-4000400					DE	NI A	Cerreile Corporation	Ownersinp	100.0	Centene	JN	
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
0.4005			00 0404504				Cenpatico Behavioral Health,	0.1		<u></u>		400.0	Centene	l ,,,	
01295	Centene Corporation	00000	68-0461584				LLG	CA	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona. Inc	AZ	NIA	ILLC	Ownership	100.0	Corporation	N	0
	· ·	i i					, , , , , , , , , , , , , , , , , , , ,]	Cenpatico Behavioral Health,	,		Centene		
01295	Centene Corporation	00000	47 - 2595704				Cenpatico of California, Inc	CA	NIA	LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt,	TX	NIA	Cenpatico Behavioral Health,	Ownership	100.0	Centene Corporation	N	0
01233	Contone dorporation	00000	14-2002000				Integrated Mental Health	/ /		Integrated Mental Health	0#11013111p	100.0	Centene		
01295	Centene Corporation	00000	74-2785494				Services	TX	NIA	Mgmt, LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health,	Ownership	100.0	Centene	N	0
01293	Cerreile Corporation	00000	20 - 1024 120	-			NT 12011a, LLG	AZ	JN I A	Cenpatico Behavioral Health	Ownersiiip	100.0	Corporation Centene	JJN	
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ	I A	of Arizona, LLC	Ownership	80.0	Corporation	N	0
0.4005								25	l	<u></u>		400.0	Centene	l ,,	
01295	Centene Corporation	00000	37 - 1788565	-			Envolve, IncAHA Administrative Services.	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	47 - 4545413				III C	AL	NIA	Envolve, Inc	Ownership	100 0	Corporation	N	0
	'									,	,		Centene		
01295	Centene Corporation	00000	47 - 3454898				Envolve - New York, Inc	NY	NIA	Envolve, Inc	Ownership	100.0		N	0
01295	Centene Corporation.	00000					Community Care of Central Colorado. LLC	DE	NIA	Envolve. Inc.	Ownership	100.0	Centene Corporation	M	0
01233	Contene Corporation						LLU			Liivorve, 1110	O#1161 9111P	100.0	Centene	JJN	υ
01295	Centene Corporation	00000	06-1476380				Envolve PeopleCare, Inc	DE	NIA	Envolve Holdings, Inc.	Ownership	100.0	Corporation	N	0

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	_		·	Ů	ŭ	Name of Securities	Ç				Type of Control (Ownership,				.0
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	47 - 2516714				LiveHealthier, Inc	DE	NIA	Envolve PeopleCare, Inc	Ownership	100.0	Centene Corporation Centene	N	0
01295	Centene Corporation	00000	61-1846191				Envolve Benefits Options, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	l i	20-4730341				Envolve Vision Benefits, Inc Envolve Captive Insurance	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0		N	0
01295	Centene Corporation	00000	36-4520004				Company, İnc.	SC	NIA	Envolve Benefit Options, Inc.,	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas, Inc	TX		Envolve Benefit Options, Inc.	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	. 00000	20-4773088				Envolve Vision, Inc	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	. 00000	65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Benefit Options, Inc.	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20-4861241				Envolve Total Vision, Inc Envolve Vision of New York.	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	06-1635519				Inc	NY	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	CorporationCentene	N	0
01295	Centene Corporation	. 00000	46-2783884				Envolve Dental, Inc	DE	NIA	Envolve Benefit Options, Inc.,	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	81-2969330				Envolve Dental of Florida, Inc	FL	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	. 00000	81-2796896				Envolve Dental of Texas, Inc Envolve Pharmacy Solutions,	TX	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	77 - 0578529				Inc.	DE	NIA	Envolve Holdings, Inc Envolve Pharmacy Solutions,	Ownership	100.0		N	0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc	ТХ	NIA	IncEnvolve Pharmacy Solutions,	Ownership	100.0		N	0
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc	TX	NIA	IncEnvolve Pharmacy Solutions,	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	46-2307356				Envolve Pharmacy IPA, LLC	NY	NIA	Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	. 00000					Casenet S.R.O	CZE	NIA	Casenet LLC	Ownership	100.0	CorporationCentene	N	0
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	90-0766502				Centurion LLC.	DE	NIA	Centurion Group, Inc	Ownership	51.0	CorporationCentene	N	0
01295	Centene Corporation	. 00000	81-4228054				Centurion of Arizona, LLC	AZ	NIA	Centurion LLC	Ownership	100.0	Centene	N	0
01295	Centene Corporation	. 00000	47 - 1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Corporation Centene	lN	0
01295	Centene Corporation		47 - 2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0

		1 0 1							10	1	10	1 40	1	1 45 1	10
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
_		NAIC		1		Publicly	Names of		to		Management,	Ownership		Filing	
Group	Consum Name	Company	ID Normalia a re	Federal	Olk	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates Massachusetts Partnership for	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Centene	(Y/N)	
01295	Centene Corporation	00000	61-1696004				Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC Centurion Correctional	MN	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	81-1161492				Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	81-3007264				Centurion of Illinois, LLC	IL	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	81-4938030				Centurion of Maryland, LLC	MD	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	81-5429405				Centurion of Philadelphia, LLC Specialty Therapeutic Care	PA	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation		27 - 3617766				Holdings, LLC	DE	NIA	Centene Corporation Specialty Therapeutic Care	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation		73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care, GP,	TX	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Centene	N	0
01295	Centene Corporation	i i	73-1698807				LLC	TX		Holdings, LLCSpecialty Therapeutic Care,	Ownership	100.0	Centene	N	0
01295	Centene Corporation	i i	73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care	TX		GP, LLCSpecialty Therapeutic Care,	Ownership	0.0	Centene	N	0
01295	Centene Corporation		26 - 2624521				West, LLC	TX	NIA	Specialty Therapeutic Care	Ownership	100.0	Centene	N	0
01295	Centene Corporation	İ	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Centene	N	0
01295	Centene Corporation	i i	45 - 2780334 27 - 1599047				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Centene	N	
01295	Centene Corporation		20-8192615				AcariaHealth Pharmacy #14, Inc AcariaHealth Pharmacy #11, Inc	CA TX	NIA NIA	AcariaHealth, Inc	Ownership	100.0	Centene	NI	
01295	Centene Corporation		27 - 2765424				AcariaHealth Pharmacy #11, Inc 	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene	NI	
01295	Centene Corporation	İ	26-0226900	-			AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth. Inc	Ownership	100.0	Centene	NI.	
01295	Centene Corporation	i	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc.	Ownership		Centene	N	0
01295	Centene Corporation	İ	27 - 3707698	-			HomeScripts.com, LLC	M1	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene	NI NI	0
01295	Centene Corporation		20-8235695				New York Rx, Inc.	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	N.	0
01295	Centene Corporation		27 - 0275614				U.S. Medical Management Holdings, Inc.	DE	NIA	Centene Corporation	Ownership		Centene Corporation	N	0
01295	Centene Corporation	i i	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc	Ownership	20.0	Centene	N	0
	Centene Corporation		38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	N	0

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		NAIC				Name of Securities Exchange if Publicly	Names of		Relationship		Type of Control (Ownership, Board, Management,	If Control is Ownership		Is an SCA Filing	
Group	Orang Nama	Company	ID November	Federal	Olk	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Centene	(Y/N)	•
01295	Centene Corporation	. 00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	47 - 2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	. 00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20 - 1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC.	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20 - 4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20-2827526				Grace Hospice of San Antonio,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	45 - 0679248				Grace Hospice of Grand Rapids,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	. 00000	45 - 0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	. 00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	45-5080567				Comfort Hospice of Missouri,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	. 00000	45 - 5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	. 00000	46 - 1708834				Grace Hospice of Wisconsin, LLC.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	81-5129923				Grace Hospice of Illinois, LLC	IL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	. 00000	26 - 4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	33-1179031				R&C Healthcare, LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation Centene	N	0
01295	Centene Corporation	. 00000	20-0927034				A N J, LLCPinnacle Senior Care of	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	46 - 0861469				Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	03-0556422				Country Style Health Care, LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	75 - 2635025				Services, LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	38 - 2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
01295	Centene Corporation	. 00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	. 00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Corporation	N	0

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						Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
0.4005			10 1000050				Pinnacle Senior Care of					400.0	Centene		
01295	Centene Corporation	. 000004	46-4229858	-			Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0		. N	0
01295	Centene Corporation.	. 000008	81-1565426				Pinnacle Senior Care of Indiana. LLC	MI	NIA	U.S. Medical Management, LLC.	Ownerchin	100.0	Centene Corporation	N	0
01295	Centene corporation	. 100000	01-1303420	-			Initialia, ELO		NIA	0.3. Medical management, LLC.	. Owner Sirip	100.0	Centene		
01295	Centene Corporation		76-0713516				Pinnacle Home Care. LLC	TX	NIA	U.S. Medical Management, LLC.	Ownership	100.0		l N	0
							North Florida Health Services,				İ '		Centene		
01295	Centene Corporation	. 00000 5	59-3519060				Inc	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0		. N	0
0.4005			17 1710700				Pinnacle Sr. Care of Kalamazoo,					400.0	Centene		
01295	Centene Corporation	. 000004	47 - 1742728	-			LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	. 00000	46 - 1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation	N	0
01295		. 1 00000	40 - 17 34200				Thospice DML company, LLc			0.3. Medical management, LLC	. Owner Sirip	100.0	Centene		
01295	Centene Corporation	. 00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownership.	100.0		N	0
	· '						USMM Accountable Care Network,				İ '		Centene		
01295	Centene Corporation	. 000004	46 - 5730959				LLC.	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
04005	0	00000	40 5705000				USMM Accountable Care Partners,	DE	NII A	III O Madical Management III O	O	400.0	Centene		
01295	Centene Corporation	. 000004	46 - 5735993	-			USMM Accountable Care	DE	NIA	U.S. Medical Management, LLC	. Uwnersnip	100.0	Corporation Centene	N	
01295	Centene Corporation	. 00000	46-5745748				Solutions, LLC	DE	NIA	U.S. Medical Management, LLC.	Ownershin	100.0		l N	٥
01200	Contone corporation	. 100000	40-0140140				0074170113, EE0	DL		0.0. mearear management, LEG.	. Owner 3111p		Centene		
01295	Centene Corporation	. 00000 4	45-4165480				USMM ACO, LLC.	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Corporation	.l	0
	·										,		Centene		
01295	Centene Corporation	. 000004	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	.Ownership	100.0	Corporat ion	. N	0
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas. LLC	MI	NIA	U.S. Medical Management, LLC.	Ownerchin	100.0	Centene Corporation	N	0
01295	Centene corporation	. 00000	40-4104900				OSMIN ACO NOTTI TEXAS, LLC	JVI I	N I A	0.5. Medical Management, LLC.	. owner strip	100.0	Centene		
01295	Centene Corporation	00000	47 - 5208076				Health Net. Inc.	DE	NIA	Centene Corporation	Ownership	100.0		l N	0
		i i											Centene		
01295	Centene Corporation	. 000009	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, Inc	Ownership	100.0		. N	0
0.4005			70 0054005				Health Net Life Insurance	0.1		Health Net of California,	0 1:	400.0	Centene		
01295	Centene Corporation	66141	73-0654885	-			Company Health Net Life Reinsurance	CA	I A	Inc Health Net of California.	.Ownership	100.0		N	0
01295	Centene Corporation	00000	98-0409907				Company	CYM	NIA	Inc.	Ownership	100.0	Centene Corporation	l N	٥
01200	Contone corporation		00 0400007				Health Net of California Real			Health Net of California.	. o willor oll i p		Centene		
01295	Centene Corporation	. 00000 5	54-2174069				Estate Holdings, Inc	CA	NIA	Inc	Ownership	100.0		N	0
	· ·						_				,		Centene		
01295	Centene Corporation	. 000009	95 - 4117722				Managed Health Network, LLC	DE	NIA	Health Net, Inc	Ownership	100.0		. N	0
01295	Contone Corneration	00000	95-3817988				Managad Haalth Natwork	CA	NII A	Managad Haalth Natwork 110	Ownership	100.0	Centene	N	0
01290	Centene Corporation	. 00000 8	90 - 301/900	-			Managed Health Network		NIA	Managed Health Network, LLC	Townership	100.0	Corporation Centene	. IN	l
01295	Centene Corporation	. 000009	95-4146179				MHN Services, LLC	CA	NIA	Managed Health Network, LLC	Ownership	100.0		N	٥
3.200]]		Centene		
01295	Centene Corporation	. 00000	13-4027559				MHN Services IPA, Inc	NY	NIA	MHN Services, LLC	Ownership	100.0	Corporation	N	0
0.4005			00 0044000				Health Net Federal Services,	P		l., v		100 -	Centene]	_ [
01295	Centene Corporation	. 00000	68-0214809				LLC	DE	NIA	Health Net, Inc	.Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	Health Net Federal Services,	Ownership	100.0	Centene Corporation	N	١
U 123J	יו ספוונפוופ טטו אטו מנוטוו		44 - 10000 10	.			Tuning Ocacilinglif Sciaices FFC"		NIN	LLV	1 041161 9111h	100.0	1001 put at 1011	.[U

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	000005	51-0589404				MHN Global Services, Inc.	DE	NIA	MHN Government Services LLC	Ownership.	100.0	Centene Corporation	N	0
01233	l	00000	71-0303404				MHN Government Services-	DL		I III OOVETTIIIIETT SETVICES LLO	. Owner sirrp	100.0	Centene		
01295	Centene Corporation	000008	30-0852000				Belgium, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
		l l.					MHN Government Services-			l			Centene	ll	
01295	Centene Corporation	000009	90-0889816				Djibouti, Inc MHN Government Services-	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
01295	Centene Corporation	000008	30-0852008				Germany, Inc	DE	NIA	MHN Government Services LLC	Ownership.	100.0	Centene Corporation	N	٥
01200	Contone corporation	00000	00-0002000	-			MHN Government Services-Guam,			MIN GOVERNMENT GETVICES ELG	. owner sirrp	100.0	Centene		
01295	Centene Corporation	000009	90-0889803				Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
0.4005							MHN Government Services-					400.0	Centene	ll	
01295	Centene Corporation	000009	90-0889825	-			International, IncMHN Government Services-Italy.	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	30-0852019				Inc.	DE	NIA	MHN Government Services LLC	Ownership.	100.0		N	٥
01200	00110110 001 por ac ron	i i					MHN Government Services-Japan,		1		, o iiii o ii ii p		Centene		
01295	Centene Corporation	000004	46 - 1038058				Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
0.4005		00000	0000045				MHN Government Services-Puerto	DE		MIN 0		400.0	Centene	١, ا	
01295	Centene Corporation	000009	90 - 0889815				Rico, Inc MHN Government Services-Turkey,	DE	NIA	MHN Government Services LLC	Ownersnip	100.0	Corporation Centene	N	
01295	Centene Corporation	000009	90-0889824				Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		l N	0
01200	00110110 001 por ac roil						MHN Government Services-United			0010111110111 001111000 220	, o iiii o ii o ii i p		Centene		
01295	Centene Corporation	000009	90-0889833				Kingdom, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
04005	Contant Comment in	00000	38 - 0357895				Naturalis Daguidada III C	DE	NUA	MUN Coverence t Convices 110	O	40.0	Centene		0
01295	Centene Corporation	000008	88-035/895				Network Providers, LLC Health Net Preferred Providers,	. UE	NIA	MHN Government Services LLC Health Net Federal Services.	Ownership	10.0	Corporation Centene	N	
01295	Centene Corporation	00000	61-1388903				LLC	DE	NIA	LLC	Ownership	100.0		l N	0
]	Health Net Federal Services,			Centene		
01295	Centene Corporation	00000 3	35 - 2490375				Health Net Veterans, LLC	DE	NIA	LLC	Ownership	100.0		N	0
01295	Centene Corporation	000008	38 - 0357895				Network Providers. LLC.	DE	NIA	Health Net Federal Services,	Ownership.	90.0	Centene Corporation	N	0
01295		00000	00-000/090				Health Net of the Northeast,		NTA	LLO	. Owner Sirip		Centene		
01295	Centene Corporation.	00000(06-1116976				LLC	DE	NIA	Network Providers, LLC	Ownership	25.0		N	0
							l <u>.</u>			Health Net Federal Services,			Centene	ll	
01295	Centene Corporation	00000					North Region Providers, LLC	DE	NIA	LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	06-1116976				Health Net of the Northeast,	DE	NIA	Health Net, Inc	Ownership	75.0	Centene Corporation	N	١
01200	Odiredio Gorporatron	1 1								linearth Not, mo	, o #1101 o111 p		Centene		
01295	Centene Corporation	000008	34 - 1175468				QualMed, Inc	DE	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
0.4005		00000					QualMed Plans for Health of	00				400.0	Centene		
01295	Centene Corporation	000008	34-0975985				Colorado, Inc Health Net Health Plan of	CO	NIA	QualMed, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	958009	93 - 1004034				Oregon. Inc	OR	I.A	QualMed, Inc	Ownership	100.0		N	0
	·						HSI Advantage Health Holdings,				'		Centene		
01295	Centene Corporation	00000 2	23 - 2867299				Inc	DE	NIA	Health Net, Inc	Ownership	100.0		N	0
01205	Contono Cornoration	00000 2	23-2867300				QualMed Plans for Health of	PA	NIA	HSI Advantage Health	Ownership	100.0	Centene		
01295	Centene Corporation	00000	∠ა•∠ŏ0/ პUU				Western Pennsylvania, Inc Pennsylvania Health Care Plan,	PA	NIA	Holdings, Inc HSI Advantage Health	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000 2	25-1516632				Inc	PA	NIA	Holdings, Inc	Ownership	100.0	Corporation	N	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	00000	94-3037822				Health Net Services Inc Health Net Community Solutions,	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation Centene	N	0
01295	Centene Corporation	00000	54-2174068				Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	I A	Health Net, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	54-2153100				Health Net One Payment Services, Inc	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000					Health Net of Pennsylvania, LLC.	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	23-2456130				QualMed Plans for Health of Pennsylvania, Inc	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	68-0390434				FH Surgery Limited, Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	68-0390438				Foundation Health Facilities,	CA	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	N	0
01295	'		98-0150604				FH Assurance Company	CYM	NIA	Health Net, Inc.	Ownership.		Centene Corporation	N	0
			68-0295375				Health Net Pharmaceutical Services	CA	NIA	Health Net, Inc.	Ownership		Centene Corporation	N	0
			86-0660443				Health Net of Arizona Administrative Services, Inc	AZ	NIA	Health Net, Inc.	Ownership		Centene Corporation	M	0
	, , , , , , , , , , , , , , , , , , , ,		81-1348826				Health Net Community Solutions of Arizona. Inc.	AZ	IA	Health Net, Inc.	Ownership		Centene Corporation	NI	
	Centene Corporation										i '		Centene	N	
			84-1301249				National Pharmacy Services Inc Integrated Pharmacy Systems,	DE	NIA	Health Net, Inc National Pharmacy Services	Ownership		Corporation Centene	N	0
İ	, , , , , , , , , , , , , , , , , , , ,		23-2789453				Inc	PA	NIA	. Inc	Ownership		Corporation Centene	N	0
01295	Centene Corporation		68-0390435				FH Surgery Centers Inc Greater Sacramento Surgery	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	68-0343818				Center LP.	CA	NIA	FH Surgery Centers Inc.	Ownership	66.0	Corporation Centene	N	0
01295	Centene Corporation	00000	46-2616037				Health Net Access, IncMHS Consulting, International,	AZ	NIA	Health Net, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	20-8630006				Inc	DE	NIA	Centene CorporationMHS Consulting,	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					PRIMEROSALUD, S.L.	ESP	NIA	International, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					Centene UK Limited	GBR	NIA	International, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					The Practice (Group) Limited	GBR	NIA	Centene UK Limited	Ownership	75.0	Centene Corporation	N	0

Actorick	Evaluation
ASICIISK	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:	
1. Business Not Written	
Bar Code:	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate 2 Prior Year Ended Year To Date December 31 Book/adjusted carrying value, December 31 of prior year 2. Cost of acquired: 0 0 2.1 Actual cost at time of acquisition....

 2.2 Additional investment made after acquisition ... 0 .0 Current year change in encumbrances
Total gain (loss) on disposals..... 0 Deduct amounts received on disposals

Total foreign exchange change in book/adjusted carrying value. 0 0 Deduct current year's other-than-temporary impairment recognized 0 8. 9. 0 0.. 0 ..0 0 10. Deduct total nonadmitted amounts. Statement value at end of current period (Line 9 minus Line 10) 0

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2 Prior Year Ended
	Year To Date	December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		L0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other. 4. Accrual of discount. 5. Unrealized valuation increase (decrease). 6. Total gain (loss) on disposals. 7. Deduct amounts received on disposals.		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
Total foreign exchange change in book value/recorded investment excluding accrued interest		L0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets								
	1	2						
		Prior Year Ended						
	Year To Date	December 31						
Book/adjusted carrying value, December 31 of prior year	0	0						
2. Cost of acquired:								
2.1 Actual cost at time of acquisition		L0						
2.2 Additional investment made after acquisition		0						
Capitalized deferred interest and other		l0						
2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other		l0						
5. Unrealized valuation increase (decrease)		0						
6. Total gain (loss) on disposals.		0						
7. Deduct amounts received on disposals		0						
Deduct amortization of premium and depreciation		0						
Total foreign exchange change in book/adjusted carrying value								
10. Deduct current year's other-than-temporary impairment recognized.		0						
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	0	T 0						
12. Deduct total nonadmitted amounts		0						
13. Statement value at end of current period (Line 11 minus Line 12)	1 0	0						

SCHEDULE D - VERIFICATION

Bonds and Stocks							
	1	2					
		Prior Year Ended					
	Year To Date	December 31					
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,098,503	1,097,420					
Cost of bonds and stocks acquired		(
Accrual of discount	542	1,083					
Unrealized valuation increase (decrease)							
5. Total gain (loss) on disposals.							
Deduct consideration for bonds and stocks disposed of							
7. Deduct amortization of premium							
Total foreign exchange change in book/adjusted carrying valuevalue							
Deduct current year's other-than-temporary impairment recognized							
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		1,098,50					
11. Deduct total nonadmitted amounts	0						
12. Statement value at end of current period (Line 10 minus Line 11)	1.099.044	1.098.50					

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,098,773			272	1,098,773	1,099,044	0	1,098,503
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	1,098,773	0	0	272	1,098,773	1,099,044	0	1,098,503
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	1,098,773	0	0	272	1,098,773	1,099,044	0	1,098,503

(a) Book/Ad	justed Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$
NAIC 3\$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$	

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999		xxx			

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	_	0
	Cost of short-term investments acquired		0
	Accrual of discount		0
4. (Unrealized valuation increase (decrease)		0
5. ⁻	Total gain (loss) on disposals		0
6. 1	Deduct consideration received on disposals		0
7. 1	Deduct amortization of premium.		0
8	Total foreign exchange change in book/adjusted carrying value		0
9. 1	Deduct current year's other-than-temporary impairment recognized.		0
10. I	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. 1	Deduct total nonadmitted amounts.		0
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification NONE

Schedule DB - Part B - Verification NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification NONE

Schedule E - Verification NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

	Mont	th End De _l	ository Balance	s				
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository	Code	Rate of	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8	
Open Depositories	Code	Interest	Quarter	Date	FIIST MOUTH	Second Month	THIIG MOHUI	
P.O. Box 1800, St. Paul.								T
US BankMN55101	-	0.000	0		3,692,470	3,224,699	6,854,255	XXX
Square One		0.150	0		401,762	2,377,357	2,397,530	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	4,094,232	5,602,056	9,251,785	
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0399999 Total Cash on Deposit	XXX	XXX	0	0	4,094,232	5,602,056	9,251,785	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	4,094,232	5,602,056	9,251,785	XXX

E13

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter												
1	2	3 Date	4 Rate of	5 Maturity	6 Book/Adjusted Carrying Value	7 Amount of Interest	8 Amount Received					
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year					
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8699999 Total Cash Equivalents	0	0	0									
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